

Insurance Script

The purpose of this script is to give you guidance in negotiating the insurance process and ensure that our time together is covered by your insurance plan.

Primary Insurance & Policy #		Group #	
Policy Holder, Name, DOB			
Policy Holder, Address		Relationship to Client Self Spouse Parent	

Call the member services number on the back of your card and ask:

1. Does my plan cover outpatient nutrition counseling (Codes 97802/92803)? Yes No
 - a. If yes, how many how many sessions are allowed? _____
 - b. Does my plan only cover visits that are “medically necessary”? Yes No

2. Do I have a deductible to meet first? Yes No If yes, how much? _____

3. Do I need a physician referral? Yes No
 - a. Note, if you need a physician referral this must be done at least 1 week prior to our session. You may need to provide the referral office information located at the bottom of this form.

4. What is my co-pay amount for outpatient nutrition counseling? _____